

Kansas City, Missouri Police Department
Custodian of Records
Attorney and/or Insurer Request

Requestor's Information			
Print Name:	Business/Firm Name:	Email Address:	
Telephone No.	Business Address:		
Reason for Request			
Are you an attorney, requesting records for the purpose of representing a client? <input type="checkbox"/> Yes <input type="checkbox"/> No		Current Bar Card No.	State of Issuance:
If Insurer or attorney representing insurer, list your insured's name:		If Insurer, list insured's policy number:	
I represent the below client(s) for the purpose of this request:			
Print Name	Gender	DOB	Court Case No. (if applicable)
Reason for Request (check <u>all</u> that apply)			
<input type="checkbox"/> The requested records relate to my client/insured's current civil litigation , Court Case No. _____			
<input type="checkbox"/> The requested records relate to my client/insured's current municipal court case , Court Case No. _____			
<input type="checkbox"/> The requested records are for the purpose of investigating my client's potential civil claim or defense and those records are related to the civil claim or defense. Provide a brief description of the potential claim and how it relates to the requested records: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			
<input type="checkbox"/> I represent the next of kin of the deceased, _____ (print deceased name). I represent the below next of kin (attorney must provide copy of written, signed and notarized written release):			
<input type="checkbox"/> _____ (print name), the spouse of the deceased.			
<input type="checkbox"/> _____ (print name), the adult child of deceased, because there is no living spouse.			
<input type="checkbox"/> _____ (print name), the parent of the deceased, because there is no living spouse and no living adult child of deceased.			
<input type="checkbox"/> My client is a spouse, parent or child of the deceased, _____ (print deceased name) (attorney/insurer must provide proof of client's relationship, such as, birth certificate).			
<input type="checkbox"/> My client is depicted or his/her voice is on the mobile video recording.			
<input type="checkbox"/> Other , list reason: _____			
Records Requested (provide <u>all</u> known information to help process your request)			
Police Report No (CRN):	Date of Incident:	Time of Incident:	Location of Incident:
Type of Incident (crash, burglary, arson, etc.):			
Describe the type of record you are requesting (incident report, reconstruction report, etc.) or information you are requesting: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			
Are you requesting video and audio recordings? <input type="checkbox"/> Yes <input type="checkbox"/> No. There is a backlog of video and audio requests, which require additional research time prior to release and may slow down your request by more than three weeks. If you are not requesting video or audio recordings, at this time, then check "No."			

In compliance with 18 U.S.C. 2721, also known as the Driver's Protection Act, and in order to receive certain information unredacted, you must meet one of the following criteria.

I qualify to receive certain personal information, because the following applies to my client/insured (check all that apply):

- ☐ 1. Government agency or representative carrying out its function.
- ☐ 2. In connection with matters of motor vehicle or driver safety and theft.
- ☐ 3. In connection with motor vehicle: Emissions, product alterations, recalls, advisories, performance monitoring, parts and dealers, market research (including survey research) and/or removal of non-owner records from the original owner records of motor vehicle manufacturers.
- ☐ 4. Legitimate business or its agents, employees, or contractors to:
 - ☐ Verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors; and
 - ☐ Obtain the correct information (if information submitted is not correct), but only for the purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against the individual.
- ☐ 5. For use in connection with any civil, criminal, administrative, or arbitral proceeding. This includes service of process, investigation in anticipation of litigation, and the execution of enforcement of judgments and orders, or pursuant to an order of a court.
- ☐ 6. Research activities, and for use in producing statistical reports. (Note: the personal information obtained cannot be published, redisclosed, or used to contact individuals).
- ☐ 7. Insurer, insurance support organization, self-insured entity (or its agents, employees, or contractors), in connection with claims investigation activities, antifraud activities, rating or underwriting.
- ☐ 8. Providing notice to the owners of towed or impounded vehicles.
- ☐ 9. Licensed private investigative agency or licensed security service (Note: Cannot be selected alone. Must include another purpose).
- ☐ 10. Employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license that is required under chapter 313 of title 49 of the United States Code.
- ☐ 11. Use in connection with the operation of private toll transportation facilities.
- ☐ 12. A party involved in the incident.

Information: Please note that the Custodian of Records will handle this request in conjunction with all other request for records. Due to the volume of requests for records that are received by the KCPD, it is **estimated** to take 20-30 days to process this request depending on the nature of the request and research. In addition, your request may require KCPD to obtain additional information from you or your client/insured prior to the release of video, audio, or other types of records. Please consider this notice of the KCPD's response that it will take **longer than three business days** to process your request for records. The KCPD will provide the total cost for filling your records request and will request payment prior to the release of records. If you need further clarification regarding your request, please see the following contact information:

Kansas City, Missouri Police Department
Attn: Custodian of Records, Criminal Records Unit
1125 Locust Street
Kansas City, Missouri 64106
Telephone: (816) 234-5100

Requestor's Certification: I, the undersigned, certify, under penalty of perjury, that the information that I provided on this form is true and accurate to the best of my knowledge and belief, and any misrepresentation or falsification made by me on this form may result in civil penalties, criminal penalties, or a combination thereof. I have also read and I understand the information that has been requested of me and the information provided to me on this form.

Requestor's Signature

Date

KCPD Use Only:

Date Received by Record's Unit:	Received by (print name and serial no.):		Follow-up Notes:
Submitted to Unit:	Date of Submission:	Name of Person in Receipt:	
Research, Search, Copy Cost:	Pages/CD Cost:	Total Cost:	

KCPD DTS Use Only:

Start Time:	End Time:	Total Labor:	Media/Shipping:	Total: \$
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